

LD1000007544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/18/15--01006--015 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 18 PM 1:34  
TALLAHASSEE, FLORIDA

smm 5/19/15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAWARY USA LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRAIDA R BROUWER

(Name of Person)

(Firm/Company)

36 NE 1ST STREET, SUITE 427

(Address)

MIAMI, FLORIDA 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

IRAIDA R BROUWER

(Name of Person)

786

at ( )

547-0347

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SAWARY USA LLC

Document number of Limited Liability Company is: LO1000007544

Date of dissolution was: 02/24/2015

Description of information that must be included in a written claim:

### EXPLANATION OF DEBT AND INVOICE

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

36 NE 1ST STREET

SUITE 427

MIAMI, FLORIDA 33132

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MILED EL KHOURY

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SAWARY USA LLC
2. The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number LO000007544
3. The delayed effective date the dissolution if not effective on the date of filing: 05/14/2001  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
A drop is sales of the merchandise by the llc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: DEMETRE TSOUCALAS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

Signature

MILED EL KHOURY

Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 18 PM 1:35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION